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DEATH AND CULTURE
IN COLONIAL SOUTH CAROLINA

By

Bradford James Wood

A THESIS

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ABSTRACT

DEATH AND CULTURE IN COLONIAL SOUTH CAROLINA

By

Bradford J. Wood

The constant presence of death played an important role in the cultural development of the colonial South Carolina low country. This thesis explores that role and argues that early South Carolinians used cultural adaptations to cope with the colony's frequent mortality. Historians have acknowledged that colonial South Carolina had the highest death rates in British North America, due to malaria, yellow fever, and other dangerous diseases. The first chapter looks at how these health conditions influenced the religious practices described in the letters of Anglican missionaries. The second chapter uses private writings, information on inheritance practices, and secondary sources to examine the ways in which death altered family relations. The third chapter investigates how contemporaries perceived, and reacted to, the unhealthy environment of the low country.

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INTRODUCTION

In 1623 the English poet John Donne penned the famous lines "Any man's death diminishes me, because I am involved in mankind, and therefore, never send to know for whom the bell tolls; it tolls for thee."¹ Like many seventeenth century Englishman, Donne was familiar with death. He lived through some of the worst epidemics in London's history, he grieved for the death of his young wife, and, when he wrote these lines, he had just recovered from a serious illness that almost proved fatal. It should not be surprising that his writing described the pervasive presence of death.

The premodern world was constantly aware of human mortality and the fragility of life. People had little understanding of their physical environment and disease could suddenly and mysteriously end an individual's existence. Historians have long been aware that, before the twentieth century, people could not take their health for granted.

Donne's quote illustrates the role that death played in premodern society and culture. Not only did an individual have to come to terms with his own death, he also had to deal

¹ John Donne, "Meditation 17," *Devotions Upon Emergent Occassions*, in *The Norton Anthology of English Literature: The Major Authors* (New York: 1987), 622.

close to him might die. The interaction of the community and the formation of institutions were often attenuated because many individuals were deceased, seriously ill, or reluctant to jeopardize their health further. Because cultures are largely environmentally determined, premodern societies had to adapt to high mortality rates.

Few areas of historical study provide more telling or more horrifying examples of the problems and consequences of premodern death rates than the study of the colonial South Carolina low country. In an age of high morbidity, South Carolina was notorious for being unhealthy. One historian has aptly summed up the prominent role of death in the culture of the low country: "Though it is true that the past is never dead there, it is rather death than time that lingers, a vague but oppressive gloom, timeless, encompassing all to come, all that has passed."²

Through modern medical research, scholars now understand why the environment of colonial South Carolina so often proved fatal to its inhabitants. During the centuries of European exploration and expansion, many disease-causing organisms were transported to different regions of the world, where the inhabitants had not yet developed any kind of immunity to them. Consequently, Europeans and their African slaves brought a host of diseases to the South Carolina low country. In some cases, members of the three relatively

² Peter Coclanis, The Shadow of A Dream: Economic Life and Death in the South Carolina Low Country, 1670-1920 (New York: 1989), 27.

distinct genetic populations in the low country, Europeans, Africans, and Native Americans, had little or no immunity to the new diseases and died en masse.³

Malaria and yellow fever proved particularly deadly to those of European and, to a lesser degree, African descent in the low country. Malaria and yellow fever are both infectious diseases spread by mosquitoes. They generally occur in tropical and subtropical climates. Malaria is not necessarily fatal but it is dangerous because it lowers immunity to other deadly diseases, particularly in small children and pregnant women. Yellow fever, on the other hand, is more frequently the direct cause of death for populations that have not been previously exposed to it. For that reason, yellow fever was believed to be the more lethal of the two diseases in the seventeenth and eighteenth centuries. Malaria thrives in the swampy conditions of the rural low country. Yellow fever, on the other hand, is carried by other strains of mosquitoes that prefer more urban environments. Because of similar symptoms, colonists often confused the two diseases. But the low country disease environment was not limited to malaria and yellow fever. It also included smallpox, typhoid, typhus, scarlet fever, and dysentery.⁴

³ Coclanis, The Shadow of a Dream, 38-47; See also Alfred W. Crosby, Ecological Imperialism: The Biological Expansion of Europe, 900-1900 (Cambridge, England: 1986).

⁴ Joyce E. Chaplin, An Anxious Pursuit: Agricultural Innovation and Modernity in the Lower South, 1730-1815 (Chapel Hill, 1993), 93-109; Peter H. Wood, Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion (New York: 1974), 63-91; John Duffy,

The limited demographic information available to low country historians of colonial South Carolina strongly confirms the region's reputation for dangerous illness.⁵ Evidence indicates that the Euroamerican population of colonial South Carolina had difficulty sustaining itself through natural increase until the 1760's and 1770's.⁶ Between 1703 and 1708 the total Euroamerican population of the colony declined by nearly six percent, despite immigration, and the crude death rate in Charleston from 1722 to 1732 was between 52 and 60 per thousand.⁷ Information about mortality rates outside the city provides little reassurance. In Christ Church parish, a rural parish in the low country during the early eighteenth century, 85 percent of the adult males died before they reached fifty years of age. In St. Johns parish, where conditions were better, over 40 percent died before their fiftieth birthday.⁸ The seasonal

Epidemics in Colonial America (Baton Rouge: 1953), 69, 103-4; and Coclanis, The Shadow of A Dream, 38-47. For more information on malaria in colonial America, also see Darret and Anita Rutman, "Of Agues and Fevers: Malaria in the Early Chesapeake," William and Mary Quarterly XXXIII (1976), 31-60; and Jon Kukla, "Kentish Agues and American Distempers," Southern Studies XXV (1986), 135-47.

⁵ For demographic information on colonial South Carolina see Coclanis, The Shadow of A Dream, 161-174; Wood, Black Majority, 131-165; George D. Terry, "'Champaign Country': A Social History of an Eighteenth Century Lowcountry Parish in South Carolina, St. Johns Berkeley County" (unpublished dissertation: University of South Carolina, 1981), 90-142; H. Roy Merrens and George D. Terry, "Dying in Paradise: Malaria, Mortality, and the Perceptual Environment in Colonial South Carolina," Journal of Southern History L (1984), 533-550; and Philip D. Morgan, Ed., "A Profile of a Mid-Eighteenth Century South Carolina Parish: The Tax Return of Saint James, 'Goose Creek,'" South Carolina Historical Magazine LXXXI (1980), 51-65.

⁶ Coclanis, The Shadow of A Dream, 42; and Terry, "Champaign Country," 90-142.

⁷ Wood, Black Majority, 143-144.

⁸ Merrens and Terry, "Dying in Paradise," 543-545.

distribution of mortality rates confirms the prominence of malaria, since many more people died during the malarial season of the late summer and fall.⁹ These rates were extremely high, even for eighteenth century societies.¹⁰

Information on Euroamerican mortality rates cannot be generalized to the colony as a whole since immunological resistance varied with different genetic populations. During the early eighteenth century for example, as the Euroamerican population struggled to hold its own even with immigration, the African-American population grew considerably faster, both through slave importation and natural growth. After 1720, however, rice cultivation intensified and the rapid importation of slaves led to crowding. Probably as a result of these different living conditions, slave mortality rose and the population no longer maintained its natural increase. As with the Euroamerican population, conditions did not improve until just before the American Revolution.¹¹

Conditions were far worse for Native Americans. Most of the major diseases of the low country were not indigenous to North America and, consequently, the Native Americans had acquired no immunities to them. The details remain unclear, but after smallpox, measles, malaria, yellow fever, typhoid, scarlet fever, and dysentery, as well as wars and pressures of cultural contact had done their damage, Native Americans

⁹ Coclanis, The Shadow of A Dream, 161-164; and Merrens and Terry, "Dying in Paradise," 541.

¹⁰ Coclanis, The Shadow of A Dream, 166-171. Coclanis gives a detailed description of how these rates were calculated.

¹¹ Wood, Black Majority, 150-155; and Coclanis, The Shadow of A Dream, 43-44.

ceased to be an influential presence in the low country. In fact, by the end of the colonial period all of the nineteen indigenous tribes and chiefdoms had virtually ceased to exist.¹²

It is, therefore, obvious that startling mortality rates were realities for people in eighteenth century South Carolina. This does not mean, however, that the inhabitants of the low country resigned themselves and remained passive during this demographic catastrophe. On the contrary, they adapted to the presence of death with the development of a vital and distinctive culture.

¹² Coclanis, The Shadow of A Dream, 45-47.

CHAPTER ONE

Death is the most important source of religion. Not only is it the ultimate and concluding crisis of life it fills survivors with confusion and ambivalence. They are simultaneously filled with affection for the person they have lost and filled with revulsion toward the corpse whose fate they eventually must share. Death rituals help people cope by ensuring that the will to live remains stronger than the despair created by this paradox and, therefore, preserve the continuity of human life.¹³ In other words, religion enables members of a society to contend with bereavement, to enable them to live when others are dying. If a religion cannot fulfill their needs then people will adapt it, or it will fall into disuse.

Organized religious practices can therefore be changed dramatically by high mortality conditions. During the late seventeenth and early eighteenth century colonial South Carolina Euro- and African-American settlers endured the highest non-Native American mortality rates on the North American mainland. While some of the demographic details are still vague, scholars have demonstrated that mortality rates

¹³Clifford Geertz, The Interpretation of Cultures (New York: 1973), 162-163. Geertz refers to B. Malinowski, Magic, Science and Religion (Boston: 1948), 29, 33-35.

in early South Carolina were significantly worse than in the Chesapeake and far worse than in the Middle Atlantic colonies or New England.¹⁴ Anglicanism was the predominant organized religion in the South Carolina during these dangerous years.

One substantial source provides historians with a unique window into early South Carolina Anglicanism.¹⁵ The Society for the Propagation of the Gospel in Foreign Parts sent missionaries to South Carolina from 1702 until the American Revolution. Those missionaries diligently reported their activities to the Society in London, and the extensive letters of two of those priests, Gideon Johnston and Francis LeJau, have been published.¹⁶

The letters of the missionaries describe a society struggling against constant affliction. Their descriptions of death in the low country illuminate the ghastly mortality rates historians have derived from parish registers, scarce tax lists, and family records. Death or illness permeated nearly every subject the missionaries broached in their letters. Both Johnston and LeJau suffered almost constantly

¹⁴ For demographic comparisons of early South Carolina mortality data with those of other regions see Coclanis, The Shadow of a Dream, 161-174; and Merrens and Terry, "Dying in Paradise," 533-550.

¹⁵ Historians do not have as much information on religious practices in early South Carolina as they do about religious practices in New England and even the Chesapeake. Private pre-Revolutionary writings are relatively scarce and court depositions are not nearly so plentiful. What's more the sources that are available have not been as carefully analyzed.

¹⁶ There are additional relevant letters of S.P.G. missionaries extant, in the Library of Congress and the Lambeth Palace Library in England, but I have not been able to incorporate these sources into this study. The letters used have been published in Frank J. Klingberg, ed., Carolina Chronicle: The Papers of Commissary Gideon Johnston, 1707-1716 (Los Angeles: 1946) and The Carolina Chronicle of Dr. Francis LeJau, 1706-1717 (Los Angeles: 1956).

from illness and frequently remarked on other S.P.G. missionaries as well as parishioners who sickened or died.

As a result, Johnston and LeJau found themselves with an entirely different array of responsibilities than they would have in a healthier locale. Not only did they perform different duties, they interpreted religious doctrines in ways that would help them cope with their own and their parishioners' plight. Death also influenced the missionaries' perceptions of African- and Native Americans.

The possibility of death is omnipresent in the missionaries' letters. Three years after arriving, for example, Johnston speculated that "Perhaps I am now in the last Scene of life."¹⁷ In 1716, after a particularly severe illness, LeJau rejoiced: "I really thought for some time that this would prove my last sickness, but God is willing to allow me a little more time that I may prepare myself for Eternity. his holy name be Bless'd for ever for this and all his other mercyes to me."¹⁸ In the same letter, however, he was pessimistic about the future: "I perceive by the loss of my strength that I have but a Short time to Live."¹⁹ At one point during his service, Johnston's condition became so precarious that the Society made an exception to its usual policy and allowed him to return to London, in order to recover his health.²⁰

¹⁷ Klingberg, ed., Johnston, 36.

¹⁸ Klingberg, ed., LeJau, 182.

¹⁹ Klingberg, ed., LeJau, 188.

²⁰ Klingberg, ed., Johnston, 115-119.

While the missionaries occasionally contended with severe illness, they constantly suffered from some degree of infirmity. In a 1708 letter LeJau wrote: "My labours have been very much interrupted by sickness almost Continual . . . for these sixteen Months past I have not been well at all." His letters are filled with references to ailments that last month after month, while LeJau describes what was probably a bout with malaria during which he relapsed seven times before finally recovering.²¹

The missionaries' afflictions kept them from performing even the most rudimentary duties. In one case, Johnston writes of being simultaneously afflicted with blindness and lameness.²² Sickness confined them to bed, and delayed their reports. When disease threatened to impair the use of their limbs, they noted that it was a common occurrence in their society.²³

Ministers also saw those they loved ravaged by malaria and yellow fever. Johnston, when asking the society for money, pleaded "for what between poverty, diseases, & debts, both I and my family (10 in number) are in a most miserable and languishing Condicon."²⁴ Similarly, LeJau lamented that all nine members of his family had simultaneously suffered

²¹ Klingberg, ed., LeJau, 34, 42, 195, 202. See Wood, Black Majority, 63-91; Coclanis, Shadow of A Dream, 38-47; Rutman and Rutman, "Of Agues and Fevers," 31-60.

²² Klingberg, ed., Johnston, 106.

²³ Klingberg, ed., Johnston, 34; Klingberg, ed., LeJau, 195, 202.

²⁴ Klingberg, ed., Johnston, 35.

with illness and that some had not yet recovered by the time he wrote.²⁵

LeJau and Johnston undoubtedly suffered from malaria.²⁶ Their lives in the low country were a fitful fever and their disease clearly took a toll on their psyches. Gideon Johnston himself commented in one letter on the "Confusion and distraction, wch my own Circumstances and the many Spectacles of Sicknes and Mortality wich I dayley behold, cause in my thought."²⁷ As many historians have demonstrated, moreover, their experiences were by no means atypical of Europeans and Euro-Americans in South Carolina.

LeJau's and Johnston's missives also illustrate that their fellow missionaries were wracked by illness. Writing of their compatriots in the summer of 1715, LeJau comments: "We have been Sick all of us."²⁸ After the death of Robert Maule two years later, LeJau lamented: "This is the fourth Missionary that dyed within 18 months time."²⁹ Even during relatively healthy periods, the missionaries constantly expressed concern for the health of their peers. They frequently commented that "I don't hear of any of us thats sick at present" or that "This province thanks be to God is healthy and quiet at present nor do I hear of any of the Clergy but they are well."³⁰

²⁵ Klingberg, ed., LeJau, 42.

²⁶ Wood, Black Majority, 70, note 24.

²⁷ Klingberg, ed., Johnston, 91.

²⁸ Klingberg, ed., LeJau, 164.

²⁹ Klingberg, ed., LeJau, 191.

³⁰ Klingberg, ed., LeJau, 135, 141.

Partly as a result of health conditions, the number of missionaries in the South Carolina low country fluctuated and never seemed sufficient. There were never more than twelve missionaries at any time, and usually many fewer.³¹ LeJau frequently remarked on the missionaries small and changing numbers, from "but six Clergymen remaining" in 1711, to "we are now Ten in Number" a year later, and "but 4 missionaries left in this place" by 1717.³²

The missionaries were concerned about their small numbers because it meant that each man had more responsibility. When their numbers were insufficient, they felt it necessary to "do what they can to attend and serve the vacant Parishes." When they were successful they considered it "a great blessing that they are able to do it."³³ The scarcity of missionaries was exacerbated by the distance between parishes and the difficulty of traveling. In some cases ministers felt compelled to leave their parishes and spend the more dangerous times in healthier environs.³⁴

At one point Johnston pleaded with the Society to send him a curate as he needed "an honest Man that I cou'd depend upon." He intended to employ the curate "Where ministers were wanting I wou'd in conjunction with my Brethern, supply those vacant Parishes till they had gotten Ministers of their

³¹ Wood, Black Majority, 134.

³² Klingberg, ed., LeJau, 85, 125, 193.

³³ Klingberg, ed., LeJau, 96.

³⁴ Klingberg, ed., LeJau, 17.

own." Johnston meant to "baptize their Children visit their Sick, and bury their dead and do all the other Contingent dutys that come in my way to keep the Church Men together"³⁵ Johnston clearly needed a great deal of help from a single curate but he feared that the absence of Anglican ministers in some parishes encouraged religious dissent among parishioners and gave an advantage to dissenting clergy. Severe illness however, hindered other religious groups as much as the Anglicans, and Johnston comments on the inactivity of the dissenters during an outbreak.³⁶

When health conditions were most severe, usually during the malaria season in late summer and early autumn, the missionaries were in great demand in their parishes. On one occasion Johnston was pleased because "The Great Mortality here is Lately abated none having died this Fortnight so that I could not have fallen Sick in a more Lucky Season for my Parishioners."³⁷ After Johnston died, LeJau tried to procure a new minister for Johnston's parish due to "The duty belonging to that Parish being very great Chiefly in a time of Sickness very frequent here."³⁸ Whether an outbreak of disease occurred in the predictable malaria season of late summer or early autumn or at some other time of year, the missionaries knew that people could die quickly and in

³⁵ Klingberg, ed., Johnston, 74.

³⁶ Klingberg, ed., Johnston, 100.

³⁷ Klingberg, ed., Johnston, 107.

³⁸ Klingberg, ed., LeJau, 196.

droves. Clearly, the missionaries felt that high mortality involved an expansion of their responsibilities.

Both the missionaries and their parishioners faced the same diseases. The missionaries' letters do not portray the illness of individuals so much as a seemingly omnipresent human affliction. As Johnston described it: "The Town looks miserably thin, and disconsolate, and there is not one House in twenty I speak modestly that has not Considerably suffer'd and still labours under this generall Calamity."³⁹ LeJau echoed similar sentiments, noting "The Mortality has continued severly and We hear still of the death of some Person every Week."⁴⁰ During the malaria season, even the once busy streets of Charleston were empty. Early South Carolinians feared that travel could lead to fatal illness. The missionaries sometimes found it hard to run the parishes after their most influential supporters had died.⁴¹ LeJau, frustrated at the slow progress being made on building a parish church, speculated that "P[er]haps the present Afflictions of this Province render all things Languid."⁴²

Sick parishioners demanded a great deal of a missionary's time; having a minister present for prayer and advice could provide tremendous consolation. Johnston referred to "visiting the sick of which there is always a Number here" as a significant part of his burden as

³⁹ Klingberg, ed., Johnston 94.

⁴⁰ Klingberg, ed., LeJau, 85.

⁴¹ Klingberg, ed., LeJau, 123.

⁴² Klingberg, ed., LeJau, 105.

minister.⁴³ LeJau similarly commented on the important task of seeing that "the sick which have been pretty many of late be visited and Comforted."⁴⁴ He also wrote that missionaries "Visit their Scatter's Parishioners, and all Endeavour to do all the Good they can."⁴⁵

Priests were often unable to administer sacraments, such as last confessions, which were arguably the cornerstone of Anglican liturgy. For example parishioners often didn't attend mass because of health conditions. Johnston complained "Never was the Church so full as it was about 4 months age . . . But it now looks thin and naked thro our present sickness & Mortality; and holds no Comparision to what it was." He moaned that members of his parish stayed "under a close confinement in their Chambers, and dare not stirr abroad for fear of being Infected; and others are so taken up in attending the sick, that they are not at leizure to go to Church or elsewhere."⁴⁶

Last confessions were also of great concern to the missionaries. Johnston remarked that on a number of occasions his parishioners died before he even knew they were sick. These parishioners might have sought solace from non-Anglican clergy in the unlikely event that they were available. More probably, dying South Carolinians confessed

⁴³ Klingberg, ed., Johnston, 37.

⁴⁴ Klingberg, ed., LeJau, 49.

⁴⁵ Klingberg, ed., LeJau, 164.

⁴⁶ Klingberg, ed., Johnston, 100.

their sins to God and to each other, without the benefit of the church elders recommended by James 5.14.⁴⁷

While Johnston was often unable to give last confessions to his parishioners, he emphasized their importance to his flock. He disliked giving last confessions because "It is no pleasing task to be exposed to all filth & Nauseous Smells & Ghastly Sights." He was willing to endure it because "I look upon the Visitation of the Sick to be a duty of the last Consequence to the Souls of Men, and it is upon the bed of Sickness if ever that a Minister has the greatest opportunity of doing good."⁴⁸

If a minister were too distant or too ill to arrive in time to perform last confessions he could still preach a funeral service. Johnston observed "Three Funeralls of a day, and sometimes four are now very usual, . . . and an abundance of trouble day & night."⁴⁹ Burying corpses in the hot low country sometimes made him nauseous. But the familiarity of funerals did not render South Carolina Anglicans contemptuous of their duties. When Johnston drowned, LeJau's letters indicate a considerable expenditure of time and effort to recover the body for proper burial. In another tell-tale passage regarding the death of missionary Robert Maule, LeJau wrote "I must do the Parishioners of St. Johns the Justice to declare that they buryd at their own

⁴⁷ This is a biblical passage, cited by Johnston in one of his letters, regarding the need for last rites.

⁴⁸ Klingberg, ed., Johnston, 75-75.

⁴⁹ Klingberg, ed., Johnston, 99.

charge the body of their Minister near the south door of their church with all possible Respect and Decency, and Intend to Erect a tomb over his Grave."⁵⁰ The cultural need for appropriate funeral rituals insured that parishioners and ministers took funerary practices seriously.

Death not only influenced the duties of Anglican missionaries and their relationship to their parishioners, they also influenced the way in which the missionaries perceived religious doctrine. Doctrines are less immediately flexible than practices as they are codified by religious authorities more than molded by actual experience. While the written basis of the doctrine may remain unchanged, however, the perception, implementation, and emphasis of religious doctrines are all flexible and subject to change through experience. Thus, the Anglican missionaries in the low country made little impact on the formal doctrines of the Anglican church but their personal experience profoundly affected the way those doctrines were passed on within low country culture.

Predictably enough, the missionaries often pleaded for divine assistance. Regarding the death of missionary Samuel Thomas, LeJau writes "having Implored the Divine Assistance to the last Moment, God in his mercy I hope took him to his holy Heaven."⁵¹ Similarly, in another letter LeJau cites God's mercy as the only cure for the sickness of the low

⁵⁰ Klingberg, ed., LeJau, 192.

⁵¹ Klingberg, ed., LeJau, 16-17.

country: "But in this uncertain Condition we are in, We want the Prayers of all good Christians to Alm: God from Whence alone we Expect help."⁵² It seems only natural that, with people dying all around them, the missionaries would attempt to reassure their parishioners by emphasizing the merciful, not the judgemental, qualities of the Christian God.

The God that emerges from the letters of the low country missionaries, however, did not always appear merciful. Indeed, he often was at odds with mercy. The missionaries recognized their God's harsher qualities subtly by expressing resignation to his will. When fellow missionaries died it has "pleased God to remove him to a better life" or "pleased God to translate [him] to a better world."⁵³ When LeJau's own death approached, he wrote "God's will be done, I am Resigned to it by his Grace."⁵⁴

Less subtly, they expressed God's judgmental characteristics in the language of a jeremiad. Jeremiads, more commonly associated with Puritan New England, usually took the form of a sermon in which the minister blamed the problems of the community on its sinfulness and implored the congregation to repent and spare themselves from God's wrath. A jeremiad, however, did not have to take the form of a sermon; its principal component was its view of the divine order. In this sense the Anglican low country missionaries adopted the language of the jeremiad because they came to see

⁵² Klingberg, ed., LeJau, 104.

⁵³ Klingberg, ed., LeJau, 119, 191.

⁵⁴ Klingberg, ed., LeJau, 202.

the physical afflictions of their parishioners as punishment for spiritual shortcomings. In 1711, for example, Johnston revealed that "some attribute this mortality to one thing, and some to another. But I verily think, it is a Sort of Plague, a kind of judgmt upon the place (ffor they are a sinfull People)--and such I have represented it in some discourses and as such I now pray for it."⁵⁵ In 1712 LeJau noted "The surgeons are of the opinion that the Aire has been infected these 14 Yeares." He, however, believed the cause of the diseases to be the "Irreligion and Lewdness of too many Persons, but chiefly the Barbarous usage of the poor Slaves."⁵⁶ Johnston and LeJau clearly thought God had a particular quarrel with South Carolina.

When the illness subsided, Johnston and LeJau wrote appreciatively of God. They attributed their good health to God's mercy and LeJau noted that "God has mercifully withdrawn his Punishing hand from us."⁵⁷ In colonial South Carolina neither good health nor the mercy of God could be taken for granted. When either was obtained it was cause for happiness.

Frequent death in the Carolina low country also influenced the way Anglican missionaries perceived slaves and Native Americans. While the missionaries devoted much of their time to converting Christian dissenters and providing religion to South Carolina Anglicans, the Society for the

⁵⁵ Klingberg, ed., Johnston, 99.

⁵⁶ Klingberg, ed., LeJau, 108.

⁵⁷ Klingberg, ed., LeJau, 104, 113, 164, 131.

Propagation of the Gospel also encouraged missionaries to convert slaves and Native Americans to Anglicanism. Once again, death helped play a role in determining the way in which the missionaries fulfilled their responsibilities.

For Francis LeJau, it was very important that parishioners of all races make their peace with God before dying, and he was deeply troubled when they failed to do so.⁵⁸ In contrast, he praised "an honest Portugeze slave" who converted to Anglicanism and "dyed lately in a most Edifying manner and full of Consolation."⁵⁹ On another occasion he writes that he "baptized an old Sensible Negroe man upon his death bed."⁶⁰ Ample demographic information indicates that colonial South Carolina's slave population also suffered from high mortality.⁶¹ For LeJau these mortality rates made the need to convert slaves more immediate since he believed that souls who died without Christ would be lost. High death rates among slaves might have made them more receptive to Christianity.

These death-bed rituals did not necessarily represent a total acceptance of Anglicanism on the part of slaves. As Charles Joyner has pointed out in his study of nineteenth century low country slaves, African-Americans did not so much adapt to Christianity as adapt Christianity to their own

⁵⁸ Klingberg, ed., LeJau, 104, 189.

⁵⁹ Klingberg, ed., LeJau, 104.

⁶⁰ Klingberg, ed., LeJau, 136.

⁶¹ Coclanis, The Shadow of a Dream, 44-45; Wood, Black Majority, 63-91.

religious traditions and exigencies.⁶² At the same time, high mortality rates almost certainly pushed them to incorporate Christianity into their own belief systems.⁶³ Africans must have been mystified by the widespread diseases and their African religious practices could probably do little to explain or alleviate their suffering.

If the letters of LeJau and Johnston indicate some success converting African slaves, however, they also indicate little enthusiasm for Christianity among Native Americans. The missionaries occasionally remarked on the difficulty of converting Native Americans. The most significant obstacle to their success may have been that the missionaries lacked the time, and perhaps even the inclination, to travel into the wilderness and preach to them. On the other hand, James Merrell argues that the Catawbas resisted Christianity as a result of the vitality of their own religion and culture.⁶⁴ For whatever reason, it seems that even though Native Americans underwent a far more severe demographic crisis than Europeans or Africans in South Carolina, few converted to Anglicanism.⁶⁵

Nonetheless, cultural adaptation was not limited to total religious conversions. It is possible that Native

⁶² Charles Joyner, Down By The Riverside (Urbana and Chicago: 1984), 141.

⁶³ Joyner, 141-171; Albert Raboteau, Slave Religion (New York: 1978), 66; James Axtell has also detailed a similar dynamic among Native Americans in The European and the Indian (New York: 1981), 110-128.

⁵² James H. Merrell, The Indians' New World (New York: 1989), 240.

⁶⁵ For a brief comment on the Native Americans demographic crisis in South Carolina see Coclanis, The Shadow of A Dream, 45-47.

Americans and missionaries each learned something from observing the way in which other cultures cope with death. Indeed, the letters of the missionaries sometimes show a curiosity about Native American death rituals. For example, in one letter LeJau noted that "Our Indian Neighbors call their Nation Ittiwan: when any of them dies they anoint him all over with Oyl."⁶⁶ In April of 1724, Anglican missionary Francis Varnod wrote a letter that included a lengthy description of the mortuary beliefs and funereal practices of the Winiaw Indians.⁶⁷ Varnod states that "all Indians have a notion of a further state." He further noted that some Native Americans believed "the wicked go in a cold country being very lean and naked, feeding only on men's excrement, and that the good go in a very pleasant warm country where nothing is wanting to make them happy." Varnod also described the burial ceremony he attended, and showed interest in the Winiaw tradition of hunting and praying before burial. He asked the Winiaws whether they believed their deceased friend would be happy. He noted the position of the corpse, and the depth, dimensions, and direction of the grave. While Varnod discusses other aspects of Native American culture in this letter, he devotes most of his time to the funeral. Perhaps because Varnod lived in a death-ridden environment, he empathized with the Winiaws and was

⁶⁶ Klingberg, ed., LeJau, 68.

⁶⁷ Francis Varnod to David Humphreys, South Carolina, April 1, 1724 in S.P.G. MSS. (L.C. Trans.), B 4, No. 173. Cited in Frank J. Klingberg, An Appraisal of the Negro In Colonial South Carolina (Washington, D. C.: 1941), 55-57.

drawn to understand their attitudes and traditions regarding death.

Colonial South Carolina Anglicanism was dramatically affected by the harsh conditions of the low country. The missionaries and their parishioners constantly struggled with illness. The clergy were always desperately overworked and often couldn't manage their duties. Anglican sacraments were not always available to parishioners. The pews of Anglican chapels were emptied by disease. The consoling mercy of the Christian God seemed distant. But the story of the Anglican church in the early years of South Carolina was also characterized by adaptation and perseverance. Anglican missionaries did not merely lie in their sick-beds and die in despair. They visited vacant parishes, grew weary of performing last confessions and burying parishioners, rethought their religious beliefs, and observed other cultures in death. They relied on their religion and on one another to comfort the sick and dying, and to enable other South Carolinians to adapt and survive.

CHAPTER TWO

Death is an important rite of passage. Relatives seek consolation for the death of a loved one through a variety of mourning practices. As one anthropologist has noted, during mourning, the living mourners and the deceased constitute a special group, situated between the world of the living and the world of the dead. The nature and duration of the mourning depends on the degree of kinship between the living and the dead.⁶⁸ Such mourning practices underscore the profoundly disconcerting effect that mortality can have on a surviving family member. To a large degree, individuals define their own identity in relation to their place in their family. Consequently, when a family member dies and disrupts accepted family roles, the living are forced to reconstruct their view of themselves and of their world.

The disruption of family life shaped the culture of the colonial American South in significant ways. Over the last two decades Chesapeake historians have amassed ample evidence to show that high mortality and other demographic factors altered the fabric of family life in seventeenth century Virginia and Maryland.⁶⁹ While less attention has been

⁶⁸ Arnold van Gennep, The Rites of Passage (Chicago, 1960), 147.

⁶⁹ See, in particular, Lorena S. Walsh, "'Till Death Us Do Part': Marriage and Family in Seventeenth Century Maryland" in Thad W. Tate and

devoted to the families of the Lower South, evidence indicates that high mortality rates and related demographic conditions were even more severe in colonial South Carolina than in the Chesapeake.⁷⁰

It is difficult for historians to assess the private and emotional aspects of family life, but much can be learned about family structures and behavior patterns from public documents in South Carolina including wills, family genealogies, tax lists, and other records. Some private writings, moreover, permit a glimpse of the emotional side of family life. Most of the private writings available for colonial South Carolina date from the 1740's or later. While it is always difficult to apply findings from such records to earlier periods, South Carolina's mortality rates remained extremely high until the 1770s. We might therefore, expect these writings to reflect the ways South Carolinians adapted emotionally to the constant presence of death.

Eliza Lucas Pinckney's and Henry Laurens's writings are the most extensive remaining from colonial South Carolina. Pinckney's letters, which she diligently copied into a letterbook, give a detailed picture of her family life for a number of years. Laurens' extensive correspondence, on the other hand, deals mostly with business matters but

David L. Ammerman Ed., The Chesapeake in the Seventeenth Century (Chapel Hill, 1979); and Darret B. and Anita H. Rutman, "'Now-Wives and Sons-in-Law': Parental Death in a Seventeenth-Century Virginia County" in Tate and Ammerman Ed., The Chesapeake in the Seventeenth Century.

⁷⁰ For demographic comparisons of early South Carolina mortality data with those from other regions see Coclanis, The Shadow of a Dream, 161-174; and Merrens and Terry, "Dying in Paradise." Also, for further discussion of demographic conditions, see Introduction.

occasionally it also yields clues about low country family life. Because both Pinckney and Laurens were members of wealthy Euroamerican families their writings may be unrepresentative of South Carolina's population as a whole and should be treated with caution. But high mortality affected everyone in the low country regardless of race or class. African-American slaves who made up a majority of South Carolina's population lived under very different conditions. But more research is necessary before anything concrete can be said about the African-American family in South Carolina. We can, however, at least acknowledge that slaves struggled against the same diseases and probably sought some of the same solutions as elite Euroamericans.⁷¹

South Carolinians were constantly concerned for the lives and well-being of family members from the first years of settlement. In January of 1701, Edward Hyrne, a newcomer to South Carolina, wrote with grave concern to his brother in England about "my wife, child, and maid being all 3 so ill when we departed that there was little hopes left that any of them would ever recover."⁷² Hyrne's family all recovered, but he was probably one of many who were forced to adopt a more pessimistic understanding of family relations to accommodate the unforgiving health conditions of the low country.

The same unforgiving health conditions tested fifteen year-old Eliza Lucas and her parents when they settled in the

⁷¹ See Rutman and Rutman, "Of Agues and Fever."

⁷² H. Roy Merrens, Ed., "Hyrne Family Letters." The Colonial South Carolina Scene (Columbia, S.C., 1977),

low country in 1738. Like many South Carolinians, the Lucas family came from the West Indies, and were accustomed to mortality conditions comparable to those of the low country. Yet, if the diseases of South Carolina were less strange to Eliza, they shaped her life all the same. Almost every letter she wrote until she stopped in 1762 referred to the illness of a relative, the death of an acquaintance, or similar matters.⁷³ After 1758, almost every letter she wrote referred to the death of her beloved husband. Pinckney, like other South Carolinians, drew consolation where she could and learned to cope with death.

Pinckney exercised an unusual degree of autonomy for a teenage girl. From ages 17 to 21, she ran Wappoo, her father's plantation, after her father returned to his political and military career in Antigua. As she explained in a letter, her management of the plantation was "unavoidable as my Mama's bad state of health prevents her going through any fatigue."⁷⁴ She undeniably had a great deal of responsibility. Rather than complain about her burden, however, Pinckney expressed happiness over the opportunity to help her father.⁷⁵ Eliza probably realized that, under more conventional eighteenth century family conditions, she would have had little say in the family business and would be constrained by parental authority. Because her father was

⁷³ Pinckney, Ed., The Letterbook of Eliza Lucas Pinckney (Chapel Hill, 1972).

⁷⁴ Pinckney, Ed., Pinckney, 7.

⁷⁵ Pinckney, Ed., Pinckney, 7.

distant and her mother fell prey to one of the plethora of illnesses in the low country, Pinckney had a considerable amount of freedom and she appreciated it.

Health conditions in the low country undoubtedly set limits on parental authority. To begin with, high mortality made sure that many parents did not live long enough to finish raising their children.⁷⁶ Those who were present might, like Eliza's mother, be debilitated by disease. While inculcating ideas about family honor, requiring moralistic penmanship exercises, and manipulating inheritance practices might have kept some children in line, the physical limitations on the adult population in colonial South Carolina generally gave license to the young.⁷⁷

Weakened parental authority also meant that young adults had more control over the choice of a spouse.⁷⁸ Again, the case of Eliza Lucas illustrated a trend when, in 1740, she wrote her father "As you propose Mr. L to me I am sorry I can't have Sentiments favorable enough of him to take time to think on the Subject." She assured him that "your Indulgence to me will ever add weight to the duty that obliges me to consult what best pleases you, for so much Generosity on your part claims all my Obedience." But, however heavily her father's advice weighed upon her, Eliza remained firm, writing, "I know tis my happiness you consult. . . and beg

⁷⁶ Michael Zuckerman, "Penmanship Exercises for Saucy Sons: Some Thoughts on the Colonial Southern Family," South Carolina Historical Magazine, LXXXIV (1983), 152-166; Walsh, "Till Death Us Do Part," 131.

⁷⁷ Zuckerman, "Penmanship Exercises," 152-166; Terry, "Champaign Country", 119-120.

⁷⁸ Walsh, "Till Death Us Do Part," 131.

leave to say to you that the riches of Peru and Chili if he had them put together could not purchase a sufficient Esteem for him to make him my husband."⁷⁹ She rejected the suggestion of another potential husband, writing "a single life is my only Choice and if it were not as I am yet but Eighteen, hope you will [put] aside the thoughts of my marrying yet these 2 or 3 years at least."⁸⁰ Indeed, evidence indicates that women in South Carolina continued to marry at about the same age over time even though the pressure to marry at younger ages in a population with a large male majority must have been enormous. For sons, who tended to marry later and were generally given more freedom in their choice of a partner, there was even less likelihood of parental supervision over their marriage choices. At the same time, if large amounts of property were involved, family members probably exerted whatever authority they could.⁸¹

While some South Carolinians doubtless found parental permissiveness troubling, caring for a large population of orphans presented an even greater problem. In many cases, one parent died and children were raised by the surviving parent. Single parents probably relied on assistance from other relatives and acquaintances. For example, after Eliza Lucas Pinckney's husband died, she wrote her sons' schoolmaster, entreating him "to give them the utmost attention [rather] than [to] those that have parental

⁷⁹ Pinckney, Ed., Pinckney, 6.

⁸⁰ Pinckney, Ed., Pinckney, 6.

⁸¹ Terry, "Champaign Country," 101.

instruction added to your care of them."⁸² When parents remarried, children might be raised in complex household arrangements under the authority of step-parents.⁸³ Orphans might be left with uncles or other relatives, as in the Chesapeake, and in some cases orphaned South Carolinians were adopted and formed kinship networks with their adopted families.⁸⁴ In Charleston, the Commons House of the South Carolina Assembly annually distributed funds to St. Phillip's church for aiding orphans and other needy people.⁸⁵ Whatever accommodations were made, those orphaned by yellow-fever or malaria and their kin in the low country must have viewed family life differently as a consequence. Nuclear families had to become more inclusive to care for children whose parents had died.⁸⁶

Most males in colonial South Carolina had a difficult time finding a wife, as they outnumbered women substantially until well into the eighteenth century. In 1724 in the parish of St. Johns, Berkeley County, for example, there were roughly 149 males for every 100 females, while in St. George's parish in 1726, the ratio was 128 males to 100

⁸² Pinckney, Ed., Pinckney, 156.

⁸³ For a discussion of this dynamic in the Chesapeake, see Rutman and Rutman, "Now-Wives and Sons-in-Law," 167.

⁸⁴ Rutman and Rutman, "Now-Wives and Sons-in Law," 162; Terry, "Champaign Country," 130.

⁸⁵ Walter J. Fraser, Jr., "The City Elite, 'Disorder,' and the Poor Children of Pre-Revolutionary Charleston," South Carolina Historical Magazine, XXXIX(1983), 169-170.

⁸⁶ Terry, "Champaign Country," 100-101.

females.⁸⁷ The mean age at marriage for the first generation of males in St. Johns, Berkeley was twenty-eight.⁸⁸

The imbalanced sex ratio and delayed marriages, coupled with the absence of parental authority, probably influenced sexual mores. In the seventeenth century Chesapeake, similar demographic conditions led to relative sexual freedom, since brides were frequently pregnant and there is little evidence of community objection.⁸⁹ Of course, unlike in the seventeenth century Chesapeake, the sexual attitudes of Euroamericans in the low country were complicated by a large slave population. Race played a substantial role in colonial attitudes toward sexual relations.⁹⁰

Some historians have suggested that high mortality rates in premodern societies discouraged strong emotional attachments between family members. According to this argument, people did not want to take the risk involved in caring deeply for an individual if there was a strong chance that they would have to cope with that individual's death. Parents, for example, rather than develop the close bonds we now associate with parent-child relationships, would not recognize the individuality of their children.⁹¹ While it is

⁸⁷ Terry, "Champaign Country," 100-101.

⁸⁸ Terry, "Champaign Country," 101.

⁸⁹ Walsh, "Till Death Us Do Part," 132.

⁹⁰ I am unable to address these issues adequately as my eighteenth century sources were reluctant to write about sexual attitudes and practices.

⁹¹ Lawrence Stone, The Family, Sex and Marriage: In England, 1500-1800 [Abridged Edition] (New York, 1977), 65-66; and Daniel Blake Smith, Inside the Great House: Planter Family Life in Eighteenth Century Chesapeake Society (Ithaca, N.Y., 1980), 261-262, 265-266; and Philippe Aries, Centuries of Childhood: A Social History of Family Life (New York:1962), 38-43.

extremely difficult to measure the strength of emotional ties through historical sources, no evidence indicates that this interpretation fits family life in the colonial South Carolina low country.⁹²

On the contrary, there is considerable indication that low country families formed deep emotional ties to one another. Twenty-three year old Henry Laurens hardly seemed distant and unemotional when he returned to South Carolina in 1747 and found that his father had just died "This day I arrived here & to my great Grief find that my best friend my dear father died four days ago. As he was a tender and affectionate Parent I am under great concern for my Loss."⁹³ In another letter, Laurens explained "Upon my arrival I was Stun'd with the melancholy account of the Death of my father some few days before. This overwhelm'd me with Grief."⁹⁴

The last years of correspondence in The Letterbook of Eliza Lucas Pinckney demonstrate that, for Pinckney at least, low country emotional attachments could be profound and adamant. In July of 1758, Eliza's husband Charles Pinckney died. About a month later, she worked up the strength to inform her sons Charles and Thomas, who were studying in England, of their father's death. The letter she wrote speaks volumes about their family relationships, "How shall I write to you! What shall I say to you! My dear, my ever dear

⁹² Of course, emotional attachments and degrees of commitment in the early South Carolina low country probably varied considerably from person to person.

⁹³ Hamer, Ed., The Papers of Henry Laurens (Columbia, S.C., 1968), Vol. 1: 2.

⁹⁴ Hamer, Ed., Laurens, 1:8.

Children!" She continued, "I have a tale to tell you that will pierce your tender infant hearts! You have mett with the greatest loss, my children, you could meet with upon Earth!" Pinckney further lamented "Your dear, dear father, the best and most valuable of parents, is no more!"⁹⁵ Years would pass before she stopped beginning every letter by grieving over the absence of her beloved husband Charles. Nor was Pinckney an emotionally distant parent to her children. She apologized for not writing to her friend Lady Carew by informing her that "my little boy was taken with a fever and ingrossed my whole attention. This I know to so tender a parent as your Ladyship will be thought a sufficient excuse."⁹⁶ Not only did she see her sons as unique individuals, she doted on them and expressed constant concern for their well-being.

South Carolina siblings also cared deeply for one another.⁹⁷ Eliza Lucas showed concern for and provided advice to her younger siblings, she preferred, for example, to educate her sister herself rather than have her sent away to school.⁹⁸ When her brother Thomas became dangerously ill, discussion of his condition filled her correspondence. She wrote, "The ill state of health you have so long labored under gives us inexpressible concern. If there is the least probability of the recovery of my much loved brother it will

⁹⁵ Pinckney, Ed., Pinckney, 94.

⁹⁶ Pinckney, Ed., Pinckney, 86.

⁹⁷ Terry, "Champaign Country," 120.

⁹⁸ Pinckney, Ed., Pinckney, 5.

be the greatest satisfaction we can enjoy."⁹⁹ In her letters she tried persistently to reassure him with philosophic and religious advice. Henry Laurens, too, demonstrated affection for his siblings in his writings. After his father's death, Laurens wrote his sister, Mary Gittens, who had been banished from the household after a disagreement with her father. Laurens sent her money, tried to reconcile their differences, and informed her that "our Family is now reduc'd to three Vizt. Sister Bremar, Brother Jemmy, & my self." Laurens noted that, "If you can come over here & add to the Number, you may be assur'd (notwithstanding your present distress) of a sincere welcome & all the assistance in our power."¹⁰⁰ Clearly, to Laurens at least, frequent death made the company of surviving relatives that much more dear.

Having lost close relatives, South Carolinians sought consolation in the companionship of the living. After writing a lengthy commentary on death to her fatally ill brother Thomas, Eliza Pinckney assured him that she remained unwilling to leave the world of the living: "No, I have still some tender engagements to it; and fraternal affection, sincere and disinterested friendships have claims that bind me to it."¹⁰¹ Many South Carolinians must have shared her sentiments and formed bonds that would help them find the strength to cope with the harsh low country health conditions.

⁹⁹ Pinckney, Ed., Pinckney, 43.

¹⁰⁰ Hamer, Ed., Laurens, 1:57-58.

¹⁰¹ Pinckney, Ed., Pinckney, 64.

Before she married, Eliza Lucas depended heavily on Mr. and Mrs. Charles Pinckney in Charleston for social visits and personal advice.¹⁰² Meanwhile, her mother clearly relied on her for help. Pinckney would have made more social visits were "it not on account of my leaving my Mama too much alone and neglecting some affairs that require my attention at home."¹⁰³ During her brother Thomas's illness, the Lucas family relied on Mr. and Mrs. Boddicott, close friends in London, to care for him and provide them with information on his condition. Eliza wrote to Mrs. Boddicott that "We are much concerned for our Dear Tommy's illness, but so well satisfied of your care and tenderness of him we have no pain on that head."¹⁰⁴ Later she wrote Thomas that "'Tis a great comfort to us in the midst of our affliction on your account to know you have all the care and tenderness from Mrs. Boddicott which you could possibly have were you with us."¹⁰⁵ Pinckney also asked Col. Thomas Talbot, a family friend, to break the news of her husband's death to her natal family, noting that his "long friendship and goodness to my brother and mother will plead my excuse for troubling you with the inclosed for my mother, . . . I therefore beg the favour of you, Sir, to breake the melancholy Contents to her."¹⁰⁶

The many illnesses of the low country also prompted South Carolinians to ask each other for medical advice.

¹⁰² Pinckney, Ed., Pinckney, xi, xx, 51.

¹⁰³ Pinckney, Ed., Pinckney, 51.

¹⁰⁴ Pinckney, Ed., Pinckney, 14.

¹⁰⁵ Pinckney, Ed., Pinckney, 43.

¹⁰⁶ Pinckney, Ed., Pinckney, 103.

Writing to Mrs. Boddicott on the subject, Pinckney commented that "I have had all the advice I could in this part of the world and generally found reliefe for a time."¹⁰⁷ Pinckney also recieved medical advice from Charles Pinckney and began one letter by noting, "I received yesterday the favour of your advice as a phisician."¹⁰⁸ She returned the favor in a later letter to the Pinckney household by recommending one of her own remedies for Mrs. Pinckney: "I have lately found benefit for the pain in my head by keeping my feet a little while every night before I go to bed in hott water. I dare say it would give her present ease if not cure her."¹⁰⁹ She also had medical advice and received a prescription from Richard Mead, one of the most famous British physicians of the day.

Some South Carolinians also found tremendous solace in the consolation of others. Amid the despair that followed her husband's death, Eliza wrote to Mr. Gerrard at her sons' school about "The justice you do to my dear Mr. Pinckney's memory in applying these beautiful passages of Job to him." She thanked him because "the friendly and respectful tenderness with which you speak of him gives me sincere pleasure and satisfaction and convinces me that you really knew him."¹¹⁰ Even in Henry Laurens' business papers, one gets the impression that matters of sickness and mortality

¹⁰⁷ Pinckney, Ed., Pinckney, 14.

¹⁰⁸ Pinckney, Ed., Pinckney, 12.

¹⁰⁹ Pinckney, Ed., Pinckney, 36-37.

¹¹⁰ Pinckney, Ed., Pinckney, 134.

demand sympathy and reassurance. In 1755 Laurens wrote Thomas Willing, a Philadelphia merchant that he was "mighty sorry to see by your prints Your Father is dead." Laurens reflected "by his Age & healthful appearance of a few Years ago [we] might reasonably have hoped for a much longer life but these misfortunes none are exempt from."¹¹¹ In another letter, Laurens mentioned "Poor Capt. Gould who died of a Yellow fever which I fear will carry off many more." In what may have been an attempt to reassure himself, Laurens added "But why fear? We are born to die!"¹¹²

Clearly, personal relationships in the colonial South Carolina low country were affected by mortality and health conditions. The existing correspondence suggests that South Carolinians sought assistance from friends, immediate family, extended kin, and even acquaintances in an attempt to deal with the problems of death and disease. Yet to assert that this correspondence only describes networks of emotional and practical assistance overlooks an important point. The correspondence in itself constituted a form of assistance. On an obvious level the letters helped with words of consolation, but they also enabled those in the low country to keep in touch with distant kin. High mortality in the low country eliminated many close family ties and letters provided a way to maintain ties with other family in friends who were far away.

¹¹¹ Hamer, Ed., Laurens, 1:249.

¹¹² Hamer, Ed., Laurens, 1:171.

The Letterbook of Eliza Lucas Pinckney illustrates these correspondence networks at work. Many of Pinckney's letters are simply consoling, like ones to her English friend Lady Carew in which she writes "I am not wholly ingrossed by my own melancholy concerns but I can still feel for you. Poor Miss Carew! How I pity you" and "How much I feel for you is easier to imagine than to Express."¹¹³ Other letterbook references relate information about those who are ill, such as "gave him an account of my poor Cousen Fanny Fayweather's melancholy and her bad state of health" or, more alarmingly, "1741. Wrote to my Aunt on my Grandmama's death . . . Also on my Cousin Jacob's and Cousin Lucas's death."¹¹⁴ Some figures in The Letterbook, such as the Boddicotts, her father, her brother Thomas, and Fanny Fayweather, correspondence extensively with Pinckney. Even those who played smaller roles, however, often received or wrote letters containing references to illness and death. The Letterbook mentioned dozens of relatives and friends who died or suffered from ill health. Of course, Pinckney was fortunate to be capable of writing numerous letters. Some South Carolinians were too physically impaired to write. Even a relatively healthy merchant like Henry Laurens, whose business depended on his correspondence, sometimes found poor health curtailing his writing.¹¹⁵

¹¹³ Pinckney, Ed., Pinckney, 116, 178.

¹¹⁴ Pinckney, Ed., Pinckney, 5, 15.

¹¹⁵ Hamer, Ed., Laurens, 1:38.

Adult women in South Carolina also commanded more authority and responsibility than would have been likely without high death rates. While South Carolinians maintained the same patriarchal assumptions about gender that characterized all of Anglo-America during the eighteenth century, the death of a husband often placed a women in an unusually influential position. Women were often charged with the business of running plantations and almost every widow was made an executor of her husband's estate if her children were underage.¹¹⁶

Again, the experience of Eliza Lucas Pinckney is instructive. She managed three plantations at the age of seventeen. The Letterbook makes it clear that Eliza spent a considerable amount of time taking care of her father's business and was heavily involved in plantation management.¹¹⁷ She took the time to acquire the technical legal knowledge needed to prepare wills.¹¹⁸ After her husband Charles passed away, Eliza returned once more to the taxing responsibility of running plantations and looking after property.¹¹⁹ Thus, Eliza could write as an authority in 1760 about "how capable women are both of friendship and business."¹²⁰

¹¹⁶ Terry, "Champaign Country," 126. For comparsons with the Chesapeake region see Jack P. Greene, Pursuits of Happiness: The Development of Early Modern British Colonies and the Formation of American Culture (Chapel Hill, 1988), 94-95; and Lois Green Carr and Lorena S. Walsh, "The Planter's Wife: The Experience of White Women in Seventeenth-Century Maryland," William and Mary Quarterly, XXXIV (1977), 542-571.

¹¹⁷ Pinckney, Ed., Pinckney, x, 5, 7, 24, 38.

¹¹⁸ Pinckney, Ed., Pinckney, 41.

¹¹⁹ Pinckney, Ed., Pinckney, xxii.

¹²⁰ Pinckney, Ed., Pinckney, 152.

Henry Laurens described a women named Mary Stokes who went into business for herself when her husband, Lauren's friend the Reverend Joseph Stokes, died. Laurens wrote that Mrs. Stokes was "a sensible & Discreet Woman," who had "wisely turn'd her mind and hands to business for her own & the support of her only daughter a child of two or three Years old. She has open'd a boarding School for Young Ladies."¹²¹

Because death shortened many marriages, remarriage was common in South Carolina. Eliza Pinckney's husband Charles, for example, was a widower. More frequently, since men married at a later age, women outlived their husbands and remarried. In St. Johns, Berkeley County the average difference in age between couples at marriage was eight years; when Eliza Lucas married, she was less than half her husband's age.¹²²

Because of high death rates in the low country, wills and inheritance practices loomed large. The available records indicate that about half of the probated decedents in colonial South Carolina were testates. For obvious reasons of property succession, the wealthiest decedents were more likely to leave wills. Equally important, the intestate cases were left to court appointed administrators who followed predictable patterns of estate distribution. Thus, it seems likely that many of those who did not write wills

¹²¹ Hamer, Ed., Laurens, 3:146.

¹²² George Terry, "Champaign Country," 101; Elise Pinckney, Ed., Pinckney, xii, xx.

felt no need to do so since they were satisfied with the administrators' order of preference.¹²³

As John Crowley has suggested, South Carolinians probably wrote wills as "a function of cultural orientation" and associated dying intestate with irresponsibility.¹²⁴ Eliza Lucas Pinckney showed her concern over intestation in a letter to Mrs. Bartlett: "We have some in this Neighborhood who have a little Land and few slaves and Cattle to give their children that never think of making a will till they come upon a sick bed and find it too expensive to send to town for a Lawyer." Characteristically, Pinckney acted on her concern for her neighbors, as she confided, "If You will not laugh too immoderately at me I'll trust you with a secret. I have made two wills already." While this was unusual behavior for an aristocratic young lady, Pinckney remained confident in her ability, "I know I have done no harm for I coned my lesson very perfect and know how to convey by will Estates real and personal." She felt that writing wills was a important responsibility, commenting "But after all what can I do if a poor creature lies a dying and their family takes it to their head that I can serve them. I can't refuse."¹²⁵

No matter how careful they were about preparing wills, many South Carolinians had to face the reality that high

¹²³ John E. Crowley, "Family Relations and Inheritance in Early South Carolina," Histoire Sociale-Social History, Vol. 17, 1984, 40-41.

¹²⁴ Crowley, "Family Relations," 41.

¹²⁵ Pinckney, Ed., Pinckney, 41.

death rates often denied cultural preferences for the succession of property. Most South Carolina testators lacked the conventional nuclear family presumed by English inheritance law; only about half were married when they died, and one sixth had never married.¹²⁶ The logical solution in many cases was to make widows executors, or if there were no children, sole heirs, increasing their economic independence. Since children were usually still economically dependent anyway, few restrictions were placed on their freedom with property.¹²⁷

South Carolina widows generally benefitted substantially at their husband's deaths. Ninety percent of widows received some property of their own rather than a life interest, over two-thirds were appointed as executors, and almost two-thirds shared in the residue of the estate instead of merely receiving a specific bequest. This constituted a much more valuable and independent share of estates for widows than in the other mainland colonies. The widow could make important decisions on family strategy, even if specific provisions for children, and male children in particular, continued to be governed by cultural customs. Of course, the presence of children usually lessened a widow's benefits somewhat. Anglo-American cultural norms dictated that, if children were present, they would share in the estate and widows who were mothers generally received less than those who were not.¹²⁸

¹²⁶ Crowley, "Family Relations," 42-43.

¹²⁷ Crowley, "Family Relations," 43-44; see also Carr and Walsh, "The Planter's Wife."

¹²⁸ Crowley, "Family Relations," 45-46.

Colonial marriage settlements also reveal a concern for married women's possession of property as wives and widows. Marriage settlements offered a legal means for married women to retain property rights in spite of legal status as feme covertes. Marylynn Salmon found that early South Carolina marriage settlements were careful to include testation rights. In fact, before 1750, over 70% of women who received marriage settlements in South Carolina were permitted by their terms to write wills under some circumstances. As mortality decreased later in the century, such provisions became less common.¹²⁹

Marriage settlements in colonial South Carolina were most often used by widows who remarried. These settlements gave widows legal protection in case they did not want to give absolute control of their possessions to their new husbands. Women who had been married before were more likely to have property and children requiring economic support. They may also have acquired experience in handling property. Thus, the evidence from South Carolina marriage settlements reflects the importance of high mortality in several ways. Mortality improved women's chances of inheritance, made them concerned about inheritance practices, and, through remarriage sometimes led to more property relationships.¹³⁰

Soaring death rates also prompted the assembly to make South Carolina the only royal colony to preclude entails.

¹²⁹ Marylynn Salmon, "Women and Property in South Carolina: The Evidence From Marriage Settlements, 1730 to 1830," William and Mary Quarterly, XXXIX(1982), 677.

¹³⁰ Salmon, "Women and Property," 677-683.

Entails would have imposed restrictions on the alienability of property, and in so doing, would have exacerbated "the demographic uncertainties of succession."¹³¹ Death provided enough obstacles to inheritance in South Carolina without further encumbrances from common law traditions.

Yet, if Euroamerican inheritance practices were important to the elite culture of South Carolina, their role in the lives of African-Americans was incalculable. Euroamericans were dependent upon stable inheritance practices for economic security, but African-Americans' entire lives hinged upon inheritance practices, since the death of a slave owner meant the dispersal of his estate and the sale of his slaves. While details remain sketchy, high mortality among slave owners must have exacerbated the problem of slave movement and made family relationships even more tenuous. Further, even when well-intentioned owners attempted to preserve slave family patterns, they often could not recognize them because they assumed European cultural norms dictated family relationships.¹³² Consequently, Euroamerican clergy demanded strict monogamy and slave owners recognized only one spouse, whereas some African societies accepted polygamy.¹³³ Slaves also conceived of families in a broader sense than Anglo-Americans; they incorporated

¹³¹ Crowley, "Family Relations," 36, 49.

¹³² Wood, Black Majority, 140; Cheryll Ann Cody, "Naming, Kinship, and Estate Dispersal: Notes on Slave Family Life on a South Carolina Plantation, 1786 to 1833," William and Mary Quarterly, XXXIX (1982), 192-195.

¹³³ Wood, Black Majority, 141; Cody, "Naming, Kinship, and Estate Dispersal," 195.

extended kin more fully into their circle of intimates. Euroamerican slave owners, however, due to their cultural assumptions about families, such as monogamy, and their concern with reproductive functions, emphasized the African-American nuclear family unit.¹³⁴ Cheryll Ann Cody has found that, for these reasons, some slave owners in late eighteenth and early nineteenth century South Carolina avoided separating couples and seldom sold children away from their parents.¹³⁵ But if a slave owner and his family showed such concern for the emotional lives of his slaves, a slave owner who died intestate or in debt condemned his estate and his slaves to sale.

The dynamic of responses to high mortality in slave families probably mirrored some of those in Euroamerican households. For example, since immediate family members were probably absent from many slave households, due not only to death but also to sale, African-Americans probably found support among whatever kin and friends were nearby. It was obviously easier to find consolation in a large community of plantation slaves than in a isolated groups on small farms. In St. George's County in 1726 about two-thirds of all slaves lived on plantations with between 25 and 94 other slaves.¹³⁶ Male slaves would have had an even harder time finding wives than their young male owners, because records indicate that the ratio of enslaved males to enslaved female were similar to

¹³⁴ Cody, "Naming, Kinship, and Estate Dispersal," 193.

¹³⁵ Cody, "Naming, Kinship, and Estate Dispersal," 207.

¹³⁶ Wood, Black Majority, 159.

that of Euroamericans. The distribution of slaves, moreover, was far more varied and problematic than that of free people.¹³⁷ Further evidence on how the slaves responded to the mortality problem will await further research.

Colonial British family relations in the South Carolina low country were profoundly altered by the constant presence of death and illness. Family members frequently expressed concern over the death or illness of those close to them. Children were given a great deal of autonomy, because illness and death could eliminate parental authority. Community members found ways of looking after orphans and many children were raised under complex family arrangements. The frequent absence of parents also gave young adults greater freedom in choosing a spouse. South Carolinians coped by maintaining strong emotional ties to living parents, children, and siblings. They depended on each other for consolation, assistance, and medical advice. They corresponded with distant friends and family to find consolation and companionship when disease took loved ones away. Women were granted more responsibility and control over property since traditional patriarchal family authorities were often ill or dead. South Carolinians often remarried when spouses died young, and inheritance practices were restructured because women and young children were commonly the only heirs. Women who remarried could protect property from their first marriage in marriage settlements. Entails were precluded by

¹³⁷ The ratio was 129 to 100 in St. George's parish in 1726. Wood, Black Majority, 159.

the South Carolina assembly to avoid further inheritance problems in an atmosphere of high mortality. In all these ways, South Carolinians dealt with the constant specter of death in their families and maintained the family as a vital and meaningful cultural institution, enabling them to live on even when those they cared about died.

CHAPTER THREE

People in the seventeenth and eighteenth centuries constructed many of their ideas about the world around them according to their assumptions about health and medicine. Historical figures did not behave in response to the physical environment as modern science perceives it today; they behaved in response to their own, often dramatically different, perceptual environment. While modern science can reveal tremendous amounts of information about the epidemiological and geographical traits of a region, it is often difficult to ascertain how those traits were perceived by contemporaries. Consequently, many historians have neglected the concept of perceptual environment and those who have tried to recapture historical perceptions about science, health, and medicine in specific historical places have found it a formidable task.¹³⁸

The concept of perceptual environment proves especially important to the history of the colonial South Carolina low country. Because mortality and health conditions were so debilitating in the low country, the colonists' perceptions

¹³⁸For a geographer's perspective of the concept of perceptual environment, see H. Roy Merrens, "The Physical Environment of Early America: Images and Image Makers in Colonial South Carolina," Geographical Review, LIX (October 1969), 530-556.

about health were more apt to influence their behavior than in other British mainland colonies. Indeed, conventional wisdom about the environment of South Carolina during the colonial period characterized Charleston as a "great charnel house" and maintained that "Carolina is in the spring a paradise, in the summer a hell, and in the autumn a hospital."¹³⁹

George D. Terry and H. Roy Merrens have recognized the importance of the perceptual environment in the early history of South Carolina and have done some preliminary analysis on it. They found that early writings about South Carolina demonstrate a strong contemporary concern with health conditions. Early promotional writers tried to portray the colony as healthy and Edenic but settlers quickly were disillusioned by the frequency of disease. Gradually, Terry and Merrens argue, South Carolinians learned to avoid the swampy rural areas that provided standing water for malarial mosquitoes. Terry and Merrens make it clear that South Carolinians came to perceive their surroundings differently as a result of morbidity and mortality conditions in the region.¹⁴⁰

Similarly, Joyce Chaplin, in her recent book An Anxious Pursuit: Agricultural Innovation and Modernity in the Lower South, 1730-1815 notes that the South Carolinians' outlook was altered by health conditions. According to Chaplin,

¹³⁹ Quotations from Wood, Black Majority, 67; and Merrens and Terry, "Dying in Paradise," 549.

¹⁴⁰ Merrens and Terry, "Dying in Paradise," 533-550.

attitudes toward disease were not only central to the ethos of early Euroamericans in South Carolina, they saw their response to disease as a positive factor that separated them from outsiders. The first creole generation acquired immunities to malaria and yellow fever through a process contemporaries referred to as "seasoning." Further, medicinal practices, such as the use of chinchona bark for malaria, increased the South Carolinians' perception that they could resist deadly diseases.¹⁴¹

Thus, the recent historiography affirms the centrality of the concept of perceptual environment to the culture of early South Carolina. While earlier chapters have shown that mortality conditions altered specific cultural institutions, such as religious practices and family relations, the importance of a perceptual environment cannot be limited to a number of institutions or aspects of behavior. The development of a culture involved a process of constant interaction with the environment; the nature of that interaction was shaped in part by perceptions. On the macrocosmic level, Terry and Merrens have demonstrated that the social structures of the low country were changed by the perceptual environment. On the microcosmic level, Chaplin asserts that individuals formed their very identities based on their perceptions of their homes in the low country.

¹⁴¹ Joyce Chaplin, An Anxious Pursuit: Agricultural Innovation and Modernity in the Lower South, 1730-1815 (Chapel Hill, 1993), 94-108.

The possibility of health problems aroused concern before the first settlers arrived in South Carolina in 1670. The proprietors were aware that health problems had occurred in similar climates. As a result, they tried to make South Carolina appear healthy. In fact, the first several years of settlement seemed encouraging.¹⁴² Yet, by the early 1680's, malaria had evidently become endemic in the new settlement and matters were deteriorating.¹⁴³ The original location for Charleston proved so unhealthy that, after the initial settlement, the Proprietors were forced to move the town to its present site.¹⁴⁴

Even after the Proprietors found a more satisfactory location for Charleston, settlement patterns continued to be affected by immigrants' notions about health and environment. As Carl Bridenbaugh and many historians since have pointed out, South Carolinians erected their plantation homes, such as Drayton Hall and Middleton Place, away from malaria infested swamps.¹⁴⁵ Unfortunately, many less affluent South Carolinians had little control over the land they occupied.

¹⁴² St. Julien Ravenel Childs, Malaria and Colonization in the Carolina Low Country, 1526-1696, The Johns Hopkins University Studies in Historical and Political Science, Series 58, No. 1 (Baltimore, 1940), 111-150, 158.

¹⁴³ Childs, Malaria and Colonization, 202-205, 228-229; see also Jon Kukla, "Kentish Agues and American Distempers: The Transmission of Malaria from England to Virginia in the Seventeenth Century," Southern Studies XXV (Summer, 1986), 135-147.

¹⁴⁴ John W. Reps, Town Planning in Frontier America, (Columbia, MO, 1980), 155; Hugh Morrison, Early American Architecture: From the First Colonial Settlements to the National Period, (New York, 1952), 412; Childs, Malaria and Colonization, 228-229.

¹⁴⁵ Carl Bridenbaugh, Myths and Realities: Societies of the Colonial South, (Baton Rouge, 1952), 70-71; Merrens and Terry, "Dying in Paradise," 547-549.

For example many new migrants from various parts of Europe flooded into sickly conditions in Charleston. Horrified by their surroundings, many left for other colonies. As a result, the South Carolina legislature made unlicensed departure from the low country illegal.¹⁴⁶

Even in its new location, moreover, Charleston remained a very unhealthy place. South Carolinians were correct in their belief that swampy rural areas contributed to malaria and that the urban environs of Charleston and the surrounding salty water would provide some respite from malaria-carrying mosquitoes.¹⁴⁷ At the same time, because of the constant human traffic in the seaport, other diseases, which spread by direct contact (instead of through a host like malaria) ran rampant in Charleston throughout the colonial and early national periods. Epidemics were a problem in all major colonial ports. Charleston, however, became the worst site for contagious diseases in mainland British North America.¹⁴⁸ Further, yellow Fever, a disease of African origin, which probably arrived in South Carolina in 1699, thrives in urban environments.¹⁴⁹

Charleston, however, continued to be considered a haven during malaria season. The city burgeoned as a social center

¹⁴⁶ Wood, Black Majority, 65-66.

¹⁴⁷ Childs, Malaria and Colonization, 191-192, 204-205.

¹⁴⁸ This was due, in part, to its standing as South Carolina's only colonial port and to its climate which supported tropical diseases. John Duffy, Epidemics in Colonial America (Baton Rouge, 1953), 69, 104.

¹⁴⁹ Wood, Black Majority, 80-81.

for wealthy low country elites.¹⁵⁰ Between late spring and autumn many affluent planter families came to Charleston; they believed it more healthy than their marshy rural plantations. Charleston's relative freedom from malaria during these dangerous months may or may not have compensated for the increased risk of other diseases like yellow fever and smallpox, but in any case, contemporary South Carolinians perceived it to be a healthier environment and behaved accordingly.

Others, who believed Charleston to be unhealthy, left the low country altogether during malaria season. Many went to the higher elevations and dryer lands inland.¹⁵¹ Other wealthy South Carolinians journeyed to other northern Anglo-American colonies. Newport, Rhode Island became a particularly fashionable place to spend the summer months.¹⁵²

For some elite South Carolinians, a trip to England probably would have constituted the ultimate escape from the unhealthy environment of the low country. It was impractical for most South Carolina families to move to England, as Eliza Lucas Pinckney and her family did for a time. But wealthy South Carolinians commonly sent their sons to be educated in

¹⁵⁰ George C. Rogers, Jr., Charleston in the Age of the Pinckneys (Norman, OK, 1969), 23-24; Bridenbaugh, Myths and Realities, 69-71.

¹⁵¹ Merrens and Terry, "Dying in Paradise," 548; Robert M. Weir, Colonial South Carolina: A History (Millwood, NY, 1983), 40.

¹⁵² Wood, Black Majority, 73; Bridenbaugh, Myths and Realities, 95-96; Merrens and Terry, "Dying in Paradise," 549; also see Carl Bridenbaugh, "Charlestonians at Newport, 1767-1775," South Carolina Historical Magazine, XLI (April 1940), 43-47.

the British Isles, thus reinforcing the "Anglicization" of Charleston's elite culture.¹⁵³

Those who remained in Charleston did their best to mitigate the effects of unhealthy conditions. Eighteenth century medical theories attributed diseases to "bad air." As a consequence, it was considered unhealthy for air to be confined.¹⁵⁴ Historians have made much of the single and double houses that characterized colonial Charleston's distinctive vernacular architecture.¹⁵⁵ These architectural designs provided excellent ventilation by standards of the eighteenth-century; outside balconies, or "piazzas," provided further opportunities for fresh air.¹⁵⁶ Of course, these architectural adaptations also provided added comfort during the sultry low country summers. But while South Carolinians no doubt appreciated greater comfort, their architectural adaptations meant more than that to them. Based on their perceptions of health, these were necessary adaptations to the environment.

Little evidence indicates, however, that eighteenth-century perceptions correlated closely with the physical environment of the South Carolina low country. Merrens and

¹⁵³ Richard Waterhouse, "The Development of Elite Culture in the Colonial American South: A Study of Charles Town, 1670-1770," Australian Journal of Politics and History XXVIII (1982), 391-394; Bridenbaugh, Myths and Realities, 103.

¹⁵⁴ James C. Riley, The Eighteenth-Century Campaign to Avoid Disease (New York, 1987), 16-22.

¹⁵⁵ Coclanis, The Shadow of a Dream, 6-11; Waterhouse, "The Development of Elite Culture," 397-399.

¹⁵⁶ Morrison, Early American Architecture, 171-175, 416; Rogers, Charleston, 66.

Terry argue that, by the middle of the eighteenth century, South Carolinians had developed a very effective understanding of their physical environment, and assert that adaptations based on the perceptual environment constituted "the major reason" for lower death rates in the 1760's and 1770's.¹⁵⁷ This is a problematic and unsubstantiated assertion, however.

While their work clearly delineates colonial South Carolina's perceptual environment, they do little to demonstrate the pervasiveness of various behavioral responses to the perceptual environment. How many South Carolinians really moved away from the swamps? Realistically, there are few good ways to determine the magnitude of such internal population movements. Land records indicate who owned land where, but they do not reliably indicate who lived where. Historical archaeologists cannot address these issues because the present extensive development of the low country renders excavations problematic.¹⁵⁸ Further, Merrens and Terry base their argument almost entirely on responses to malaria in the environment. While malaria was perhaps the most devastating disease present, this constitutes a substantial oversimplification of the low country disease environment, which also included yellow fever, small pox, dysentery, typhoid, and scarlet fever. It seems more probable that the demographic conditions improved by the late eighteenth

¹⁵⁷ Merrens and Terry, "Dying in Paradise," 546.

¹⁵⁸ I would like to thank Dr. Kenneth Lewis of the Michigan State Department of Anthropology for his insightful comments on this matter.

century because, after nearly one hundred years of settlement, the Euroamerican population of South Carolina finally included a substantial percentage of relatively immune, native born residents. Creoles born into an epidemiological region would have some immunities to that region's diseases. Also, smallpox inoculation may have played a substantial role in lowering mortality rates.

Any attempt to understand the relationship between decreasing morbidity and the perceptual environment must recognize a class difference in the low country response to disease. Poorer whites could not afford to move to healthier environs.¹⁵⁹ Perhaps more importantly, the economic interests of the South Carolina elite required that some people remained in the unhealthy surroundings. The damp soil that provided standing water for malarial mosquitoes was necessary for the cultivation of rice, the staple crop which made the low country the richest part of mainland North America. Thus, overseers had to stay in unhealthy regions to supervise rice cultivation. More significantly, the crop insured that enslaved people of African descent, who constituted a majority of the colony's population after the first decade of the eighteenth century, could not escape the deadly malaria-infested regions of the low country.¹⁶⁰

¹⁵⁹ Chaplin, An Anxious Pursuit, 97-98.

¹⁶⁰ Bridenbaugh, Myths and Realities, 62, 69; Ulrich B. Phillips, American Negro Slavery (Baton Rouge, 1966, originally published 1918), 90-91.

The adoption of the task system permitted whites to have even less contact with the malarial environment of rural South Carolina, because it meant that slaves required less supervision. In the early twentieth century, Ulrich B. Phillips attributed the origin of the task system to Euroamericans' desire to avoid potentially malarial swamp lands.¹⁶¹ More recently, Philip D. Morgan has challenged this idea as a sufficient explanation for the change to tasking. Morgan argues that West Indian planters were also frequently absent from their plantations and did not adapt the task system until late in the eighteenth century. He believes instead that the task system was adopted early in the low country because rice cultivation required little supervision and regimentation.¹⁶² Morgan's West Indian analogy is a poor one. Sugar cultivation in the West Indies could be conducted on relatively dry land and did not require Euroamericans to supervise labor in malaria-infested swamps, as low country rice cultivation did.

Ultimately, the task system fulfilled several needs. On one level, it proved a more efficient labor system for rice cultivation. On another level, it provided some Euroamericans with a means of escape.

While malaria increased the morbidity of the disease environment, South Carolinians certainly perceived that the

¹⁶¹ Ulrich B. Phillips, "The Slave Problem in the Charleston District," The Slave Economy of the Old South: Selected Essays in Economic and Social History (Baton Rouge, 1968), 193-194.

¹⁶² Philip D. Morgan, "Work and Culture: The Task System and the World of Lowcountry Blacks, 1700 to 1880," William and Mary Quarterly Vol. 39, No.4 (October 1982), 566-568.

region's unhealthfulness involved more than malaria. In 1738 a cargo of slaves brought smallpox to the colony and it proved fatal to many. As a result, the colony set up stringent quarantine requirements, especially for Africans. A special facility for newly arrived slaves was established on Sullivan's Island. Slaves were often quarantined there in crowded, uncomfortable conditions.¹⁶³ South Carolinians could clearly differentiate between a contagious disease like smallpox and an infectious, environmental one, like malaria.¹⁶⁴ But, if smallpox differed from more constant health threats like malaria, it too required a response and quarantining seemed to be the best solution.

Euroamericans in South Carolina also constructed their conception of racial differences partly in response to their perceptions of the physical environment. African and African-American slaves had some significant epidemiological advantages over Europeans and Euroamericans in the low country. Many, unlike Europeans, probably possessed sickle-cell trait, a genetic adaptation common in populations like those in West Africa which had been previously exposed to malaria. Further, many could also have acquired some immunity to yellow fever and malaria, as children in West Africa, that would not have been available to Europeans.¹⁶⁵ Records indicate that slaves did in fact fare remarkably well

¹⁶³ Rogers, Charleston, 26-27; Duffy, Epidemics in Colonial America, 103.

¹⁶⁴ Chaplin, An Anxious Pursuit, 94-95.

¹⁶⁵ See Rutman and Rutman, "Of Agues and Fevers;" and Kukla, "Kentish Agues and American Distempers."

during several severe epidemics. Euroamericans quickly noticed these health differences and incorporated them into their conception of racial differences. Relative resistance to low country diseases reinforced rationales for slavery, strengthening the argument that people of African descent were somehow naturally suited to laboring in the rice fields.¹⁶⁶ This apparent immunity to malaria and yellow fever may have reassured plantation owners that their slaves were in no danger from the deadly diseases that wreaked havoc on the Euroamerican population around them. Sadly, while Africans and African-Americans had some advantages against these diseases, their immunity was far from absolute. Partly as a result, slave mortality rates were little better than those of Euroamericans.

In conclusion, South Carolinians allowed their perceptions of the low country environment to influence their behavior dramatically. They based their settlement patterns on ideas about health. Elite low country society remained highly mobile in an attempt to escape the deadly malaria season. South Carolina incorporated architectural adaptations that were believed to encourage healthy conditions. The task system enabled Euroamericans to avoid the malarial environments associated with rice cultivation, and stringent quarantine policies limited the spread of smallpox. Immunological differences strengthened racist conceptions about slave labor. Thus, seventeenth and

¹⁶⁶ Wood, Black Majority, 76-91.

eighteenth century perceptions of health and the merciless disease environment of the South Carolina low country combined to form a profoundly distinctive culture.

CONCLUSION

Colonial American historians have not yet fully explored the cultural development of the colonial South Carolina low country. Until twenty years ago, the study of New England overwhelmingly dominated colonial American historiography.¹⁶⁷ In the last two decades, historians studying the colonial Chesapeake have begun to redress this imbalance and have produced an impressive body of work.¹⁶⁸ Similarly, since the publication of Richard Dunn's Sugar and Slaves, more scholarly attention has been devoted to the British West Indies.¹⁶⁹ Yet, in spite of the general broadening of

¹⁶⁷ The emphasis on New England reached its apex with the town studies of the late 1960's. See for example, see Kenneth Lockridge, A New England Town. The First Hundred Years: Dedham, Massachusetts, 1636-1736 (New York, 1970); and Philip J. Greven, Jr., Four Generations: Population, Land, and Family in Colonial Andover, Massachusetts (Ithaca, N.Y., 1970), among others.

¹⁶⁸ See for example Lois Green Carr, Russell R. Menard, and Lorena S. Walsh, Robert Cole's World: Agriculture and Society in Early Maryland (Chapel Hill, 1991); Edmund S. Morgan, American Slavery, American Freedom: The Ordeal of Colonial Virginia (New York, 1975); Thad W. Tate and David L. Ammerman, Ed., The Chesapeake in the Seventeenth Century: Essays on Anglo-American Society (New York, 1979); and Allan Kulikoff, Tobacco and Slaves: The Development of Southern Cultures in the Chesapeake, 1680-1800 (Chapel Hill, 1986).

¹⁶⁹ Richard S. Dunn, Sugar and Slaves: The Rise of the Planter Class in the British West Indies, 1624-1713 (New York: 1972). For recent work on the West Indies see for example Ira Berlin and Philip D. Morgan, Ed., Cultivation and Culture: Labor and the Shaping of Slave Life in the Americas (Charlottesville, Va., 1993).

colonial historiography in recent decades, the Lower South remains a neglected region.

Equally important, because scholars have not investigated it as they have other colonies, South Carolina does not as fully fit adequately into any of the "models of colonization" described by colonialists. While South Carolina bears some resemblance to both the Chesapeake and Barbadian models, it clearly does not conform perfectly to either. South Carolina does not fit the Chesapeake model of colonization; it had a much higher concentration of slave labor, a very different staple crop, and more severe immunological conditions. On the other hand, it does not fit the Barbadian model because of the very different exigencies and adaptations of mainland settlement. In other words, historians have not yet developed a satisfactory understanding of colonization in the Lower South; they continue to characterize South Carolina as a "hybrid" of other colonies.¹⁷⁰

Yet scholars who study colonial South Carolina have long recognized that the colony differs in substantial ways from other British colonies. First, South Carolina was a colony of a colony and constituted the only substantial attempt of West Indian interests to expand to the mainland before 1800.¹⁷¹ Second, South Carolina was clearly the wealthiest mainland colony. As a result, many historians have focused

¹⁷⁰ See Jack P. Greene, "Colonial South Carolina and the Caribbean Connection," South Carolina Historical Magazine LXXXVIII (1987), 192-210.

¹⁷¹ See Greene, "Colonial South Carolina and the Caribbean Connection;" Richard S. Dunn, "The English Sugar Islands and the Founding of South Carolina," South Carolina Historical Magazine LXXII (1971), 81-93; and Richard Waterhouse, "England, the Caribbean, and the Settlement of Carolina," Journal of American Studies IX (1975), 259-281.

on the distinctive development of the low country's elite culture.¹⁷² Third, the colony's rapid economic growth has focused scholarly attention on the processes of rice and indigo cultivation in the low country.¹⁷³ Finally, historians have recognized that South Carolina's system of slavery contributed tremendously to the colony's development. The most prominent of these works, Peter H. Wood's brilliant Black Majority, represents the closest thing available to a broad interpretation of low country culture and society. Wood powerfully demonstrates that slavery played a profound role in early South Carolina history.¹⁷⁴ But Wood's book, now over twenty years old, constitutes only the first step in obtaining the type of comprehensive understanding of South Carolina that now exists for mainland colonies to the north.

As this study has demonstrated, the continued presence of high death rates was another distinctive part of early South Carolina culture. Historians such as Wood, Terry, and Coclanis have long acknowledged the deadly conditions in the colonial low country. They have not, however, fully examined the consequences of high mortality for the culture of the low country. This omission does not result from any failing in their skillful

¹⁷² For examples see, Rogers, Charleston; Bridenbaugh, Myths and Realities, 54-118; and Waterhouse, "The Development of Elite Culture."

¹⁷³ Some of the more notable of these works include Coclanis, The Shadow of A Dream, Chaplin, An Anxious Pursuit, and Daniel C. Littlefield, Rice and Slaves: Ethnicity and the Slave Trade in Colonial South Carolina (Baton Rouge, 1981).

¹⁷⁴ Along with Wood, Black Majority; see also Morgan, "Work and Culture;" Littlefield, Rice and Slaves; and Clarence L. Ver Steeg, Origins of a Southern Mosaic: Studies of Early Carolina and Georgia (Athens, Ga., 1975), 103-32.

scholarship, but is part of a historiographic trend. These historians have placed their own work on South Carolina in a discourse dominated by studies of the Chesapeake and the West Indies. Thus, the inevitable question becomes: How is South Carolina slavery like Virginia slavery? Or how does rice cultivation compare to sugar and tobacco cultivation? The Lower South, like other regions, deserves to be studied in its own right. Mortality in the low country transcended social distinctions. Malaria and other diseases did not recognize differences in labor systems, economic classes, or staple crops. The prominence of death in the low country contributed substantially to its development as a distinctive region in colonial America.